

Connecticut Naturopathic Licensure Analysis

Cullen-Snyder Framework Applied to Chapter 373 and Public Act 14- 231

Completed: January 2026

EXECUTIVE SUMMARY

Connecticut General Statutes Chapter 373, as modernized by Public Act 14-231, establishes a legal and regulatory framework that structurally enables licensed naturopathic physicians (NDs) to present pseudoscientific practices as state-recognized healthcare. When analyzed through the **Cullen-Snyder Framework** (CSF)—which integrates critical epistemology (Cullen) and political philosophy on freedom (Snyder)—this licensure law produces systematic harms across both epistemic and freedom-based dimensions that harm individual patients and corrode public health institutions[1][2].

This report:

1. **Applies the Cullen-Snyder Framework** to Connecticut's ND licensure law and documented ND practices
 2. **Details concrete harms** enabled by Chapter 373 and PA 14-231, organized by CSF dimensions
 3. **Constitutes a profile of Connecticut's revealed state values and postures** regarding naturopathy licensure, showing how statutory choices and regulatory allowances reflect particular institutional commitments to legitimizing non-evidence-based practices
 4. **Provides a template** for legislative testimony, regulatory rulemaking, and policy advocacy
-

PART ONE: THE CULLEN-SNYDER FRAMEWORK

Definition, Components, and Implementation in Connecticut Context

Framework Foundations

The Cullen-Snyder Framework synthesizes two intellectual traditions:

Cullen Epistemic Critique: Cullen's analysis of pseudoscience identifies **epistemic conflation**—the deliberate or structural blending of scientific and non-scientific claims—as a threat to knowledge integrity and, consequently, to freedom. Cullen notes that institutions play a role in either reinforcing or eroding the boundary between science and pseudoscience[2].

Snyder Political Philosophy: Tim Snyder's work *On Freedom* (2024) identifies five dimensions of human liberty essential to functioning democratic societies[1]:

- **Sovereignty:** Real autonomy based on accurate information, not manipulation or misinformation
- **Unpredictability:** Life outcomes reasonably connected to evidence and chance, not arbitrary or hidden forces
- **Mobility:** Realistic options and ability to move between life paths without structural constraint
- **Factuality:** Access to shared, verifiable truth as a precondition for collective decision-making
- **Solidarity:** Social commitment to collective welfare and evidence-based standards

The CSF merges these by showing that **pseudoscientific practice institutionally encoded in law degrades both epistemic integrity and freedom across all five dimensions**[1][2].

Key CSF Analytical Components

A. Epistemic Profile (Cullen-Based)

Science Camouflage Index: Measures the proportion of science-exterior claims presented as science-based. In Connecticut ND practice, this index is **elevated** because:

- Statute defines naturopathy as "the science, art and practice of healing by natural methods"
- NDs use titles (Doctor, Naturopathic Physician, ND, licensed) that create presumption of scientific training
- Marketing materials blend evidenced-based elements (nutrition, lifestyle) with pseudoscience (homeopathy, energy medicine, vitalism) without epistemically differentiating them
- Patients reasonably infer scientific parity with MD/DO care[2][3]

Institutional Legitimacy Score: Assesses the degree to which a practice receives state backing relative to its evidentiary support. In Connecticut, this score is **artificially inflated** because:

- Licensure grants regulatory status comparable to other health professions despite weaker educational standards
- CNME (Council on Naturopathic Medical Education) recognition cited in statute as basis for scope and authority, though CNME curriculum includes vitalism, homeopathy, constitutional hydrotherapy—modalities lacking evidence base
- Inclusion on state-licensed provider lists, insurance panels, hospital networks creates false parity with evidence-based professions[2]

B. Freedom Impact Matrix (Snyder-Based)

Each of Snyder's five freedoms is affected by the mechanisms enabled by Chapter 373:

Freedom Dimension	Definition	How CT ND Licensure Undermines It	Concrete Harm Mechanism
Factuality	Access to shared, verifiable truth	Statutory encoding of naturopathy as science when many core modalities (homeopathy, meridian-based acupuncture, energy healing) lack demonstrated efficacy	Patients cannot distinguish validated therapies from pseudoscience; misrepresented knowledge base prevents informed truth-seeking
Sovereignty	Autonomous choice grounded in accurate information	Informed consent compromised by science-camouflage, omitted risk disclosures, inflated efficacy claims, and misrepresented scope of practice	Patients choose based on false epistemic premises; consent procedures satisfied, but material understanding degraded
Unpredictability	Life outcomes reasonably connected to evidence and probability	Wide latitude in ND scope creates variable, non-standardized diagnostic and treatment pathways without evidential anchoring	Same symptoms yield different testing and treatments; prognosis contingent on provider rather than disease biology; outcomes become unpredictable

Mobility	Realistic options and meaningful exit from constrained pathways	Licensure creates apparent equivalence with primary care, misleading patients; licensed status increases normalization; exit costlier	Patients believe they are exercising choice when they are entering constrained care pathways; early diversion delays access to effective options
Solidarity	Collective commitment to shared evidence standards and population welfare	Public health norms (vaccination, screening, guideline-based treatment) compete with state-licensed practitioners promoting alternative narratives	Institutional erosion: vaccine hesitancy, resource misallocation, regulatory capture; vulnerable groups disproportionately harmed

PART TWO: STRUCTURAL HARMS ENABLED BY CHAPTER 373 PA 14- 231

A Detailed CSF-Grounded Analysis

I. EPISTEMIC HARMS: SCIENCE CAMOUFLAGE AND INSTITUTIONAL LEGITIMACY

Harm Category: Elevated Science Camouflage Index via Statutory Definition

Mechanism Enabled by CT Law:

Connecticut General Statutes § 20-34 defines naturopathy as "the science, art and practice of healing by natural methods" and ties scope to CNME-recognized naturopathic medical education. This formulation does three problematic things:

1. Grants legislative status to "science" without independent evidentiary validation

2. Outsources epistemic standards to naturopathic professional bodies rather than independent scientific institutions
3. Permits scope-of-practice authority (diagnosis, treatment, lab ordering) grounded in naturopathic philosophy rather than validated medical knowledge[3]

Concrete Harms to Patients:

- **Homeopathy:** Connecticut-licensed NDs market homeopathic remedies alongside evidence-based treatments. Homeopathy is diluted beyond Avogadro's number, lacks plausible mechanism, and systematic reviews find efficacy indistinguishable from placebo[3][4]. Yet licensed status implies scientific grounding.
- **Energy Medicine & Meridians:** NDs describe meridians as "channels for Qi" and claim acupuncture works by "unblocking energy flow." Some observed effects of acupuncture are hypothesized to involve peripheral nerve stimulation, without validating meridian theory. Yet, statutory recognition of naturopathic medicine embeds pre-scientific meridian theory within a licensed medical system.
- **Vitalism:** Naturopathic education emphasizes "innate healing power" and "inherent wisdom of the body"—vitalist philosophy rejected by biology. This is presented to patients as medical science under licensure[3].
- **Detoxification:** NDs promote undefined "toxins" and offer expensive detoxification programs (footbaths, supplements, saunas). Human liver and kidneys perform detoxification through characterized enzymatic pathways; detox supplements lack evidence for enhanced clearance[3].

CSF Impact: Factuality & Sovereignty

- **Factuality:** Shared understanding of what constitutes "science" is institutionally blurred. Public literacy about fact/non-fact boundaries erodes.
 - **Sovereignty:** Patients reasonably assume licensed NDs offer science-based care equivalent to MDs. This assumption, enabled by licensure, prevents autonomous, informed choice[1].
-

Harm Category: Institutional Legitimacy Inflation via Licensure Parity

Mechanism Enabled by CT Law:

PA 14-231 modernized Chapter 373 by explicitly authorizing NDs to "diagnose disease, prevent disease, treat disease, and promote optimum health and wellness." This language creates de facto primary-care status while statute maintains bans on prescribing pharmaceuticals or performing surgery. The result:

- NDs function as first-contact clinicians for serious conditions (pediatrics, oncology, psychiatry) without equivalent training

- Broadly, as a national goal, such states' licensure integrates NDs into hospital networks, insurance panels, continuing medical education tables—normalizing them as peer professionals
- Future scope expansions (prescriptive authority, injective privileges) are rhetorically justified by citing existing licensure as precedent

Concrete Harms to Patients:

From analyzed Connecticut-licensed ND practices:

- **Pediatric Autism Claims:** One ND marketed "Defeat Autism Now" (DAN) protocols—chelation therapy, extreme supplements, unvalidated diagnostic testing—to parents of autistic children. Licensure created presumption of pediatric expertise despite absence of developmental neurology training. Chelation carries risk of kidney/liver damage and cardiac complications[3].
- **Oncology Claims:** Another ND offered "integrative naturopathic oncology" including homeopathy, spiritual healing, and botanical medicine as co-equal with guideline-based chemotherapy/radiation for cancer. Licensure created false parity with oncology training despite ND education containing no residency oncology experience[3].
- **Functional Testing & Root-Cause Diagnosis:** NDs order expensive "functional medicine" panels (IgG food testing, DUTCH hormone panels, expansive microbiome testing, SIBO breath testing) marketed as identifying "root causes" not detectable by conventional medicine. Many of these tests lack clinical validity[3]. Licensure implies credentialed diagnostic judgment.

CSF Impact: Sovereignty & Mobility

- **Sovereignty:** Patients consent to care under assumption of regulatory equivalence that does not exist. Institutional halo of licensure creates false epistemic conditions for consent[1].
- **Mobility:** Patients who select NDs as primary contacts, believing in parity, become trapped in care pathways that cannot deliver evidence-based diagnosis or medication management. Early diversion narrows actual access to effective options despite appearing to expand choice[1].

II. FREEDOM HARMS: SNYDER'S FIVE FREEDOMS SYSTEMATICALLY UNDERMINED

Factuality: The Informational Foundation of Freedom

How Chapter 373 PA 14-231 Undermines Access to Truth:

1. **Statutory Encoding of Pseudoscience as Science**
 - o Law defines naturopathy as "science" without evidentiary validation

- o CNME curriculum embeds homeopathy, vitalism, energy medicine—these become state-licensed as science
- o Patients cannot rely on "licensed" as a marker of science-based practice[3]

2. Misrepresentation of Diagnostic Scope

- o Connecticut law authorizes naturopathic physicians to “diagnose, prevent and treat disease,” but this authority is not tied to evidence-based diagnostic standards or residency-level medical training.
- o NDs routinely market themselves as “licensed primary care doctors” or “physicians” without disclosing the limits of their training, scope (for example, lack of prescriptive authority, hospital admitting privileges, or specialty training), or the non-evidence-based nature of many naturopathic diagnostic frameworks (such as “functional” panels and non-standard Lyme testing).
- o Patients therefore receive a systematically distorted picture of what ND diagnostic authority entails: they correctly infer that NDs are licensed to diagnose, but incorrectly infer parity with MD/DO diagnostic competence and tools, which corrupts the informational basis of consent.

3. Absence of Risk & Efficacy Disclosure

- o Analyzed ND marketing uniformly omits: limitations of evidence, risks of unproven treatments, situations requiring conventional medical evaluation, comparative effectiveness data
- o Licensure makes these omissions feel endorsed by the state[3]

Concrete Example: Thermography & Breast Cancer

One Connecticut ND marketed "digital infrared thermography" as alternative to mammography for breast cancer screening. Claims: "Early detection," "no radiation," "identifies heat patterns of disease."

- **Scientific Reality:** Thermography is not validated for breast cancer screening; medical societies explicitly state it should not replace mammography[3]
- **Licensure Effect:** Patients assume state-licensed clinician would not market unvalidated screening; they forgo mammography and delay detection
- **Factuality Harm:** Access to shared, accurate understanding of what thermography is and is not is compromised [Note: This is an example of licensure-enabled risk, not of a common practice.]

Sovereignty: Real Autonomy Requires Accurate Premises

How Chapter 373 PA 14-231 Corrupts Informed Consent:

1. Title & Credential Inflation

- o NDs use "Doctor," "Naturopathic Physician," "Primary Care Doctor"
- o Patients assume "doctor" means MD/DO-level training
- o Actual training: 4 years post-bachelor in naturopathic program (vs. 4 years med school + 3-7 years residency)
- o Law permits these titles without mandatory disclaimers[3]

2. Therapeutic Misconception

- o NDs describe themselves as providing "comprehensive integrative medicine," "primary care," "root-cause diagnosis"
- o Marketed modalities are presented without evidence-level differentiation:
 - Evidence-supported: lifestyle modification, some herbs, certain supplements for deficiency
 - Evidence-mixed: acupuncture for some pain conditions
 - No evidence: homeopathy, energy healing, most "detoxification," constitutional hydrotherapy, IgG-driven dietary restriction
- o Blending without differentiation creates false impression all are evidence-comparable[3]

3. Financial Conflicts of Interest Embedded in Practice Structure

- o NDs order tests generating revenue (functional testing, supplement analysis)
- o NDs sell supplements, often through integrated dispensaries
- o Licensure creates presumption of objectivity, masking financial incentive structure
- o Patients cannot accurately assess whether recommendations serve patient interest or revenue[3]

Concrete Example: IgG Food Testing

- ND orders "comprehensive IgG food sensitivity testing" (\$200-500)
- Results show "positive" for common foods (dairy, gluten, eggs)
- ND recommends elimination diet and supplements (\$100+/month)

Reality: IgG testing lacks scientific validity. IgG antibodies to foods represent normal immune tolerance, NOT pathology. Dietary elimination based on IgG results shows no better outcomes than placebo[3]. Yet licensure makes patient assume clinical judgment is based on evidence.

Sovereignty Harm: Patient consent to expensive testing and restrictive diet under false understanding of test validity. Autonomy is formally intact but substantively corrupted[1].

Unpredictability: Outcomes Contingent on Non-Evidence-Based Variation

How Chapter 373 Creates Treatment Variability Without Evidential Anchor:

Wide scope authority (diagnosis, any "natural" treatment method, lab ordering) permits NDs to construct idiosyncratic treatment bundles with no standardized, evidence-based protocols:

- **Example 1:** Patient with fatigue and brain fog presents to ND #1: receives thyroid labs, B12 testing, nutritional counseling, magnesium supplement. Outcome: improved.
- **Example 2:** Same presentation to ND #2: receives DUTCH hormone panel, IgG food testing, detoxification program, homeopathic constitutional remedy. Outcome: unchanged or worsened.

Same condition, vastly different diagnostic and treatment pathways—none tethered to validated protocols[3].

Concrete Example: Chronic Lyme Disease Diagnosis

One CT ND marketed "expertise in chronic Lyme disease" and ordered "Igenex Western blot" (not validated by CDC or CDC-standard Lyme testing protocols). Based on this non-standard test, ND prescribed:

- Extended herbal antimicrobial protocols
- Restrictive diets
- Supplements with no Lyme-disease evidence base
- Discouragement of standard antibiotic therapy

Result: Patient with seronegative Lyme (false positive on non-standard test) subjected to lengthy, expensive, ineffective naturopathic care while avoiding antibiotic therapy for actual Lyme infection if present.

Unpredictability Harm: Patient cannot reasonably predict or plan health outcomes; prognosis depends on non-evidence-based provider variation rather than disease biology[1].

Mobility: Apparent Choice, Actual Constraint

How Chapter 373 Narrows Real Healthcare Options While Appearing to Expand Them:

1. Licensed ND as De Facto Primary Care

- o Statute allows NDs to "diagnose" and "treat disease"
- o Licensure permits first-contact role and independent lab ordering
- o Patients believe ND-as-primary-care is equivalent to MD primary care
- o In reality: ND cannot prescribe, cannot admit to hospital, cannot perform procedures, has not completed emergency/critical care training
- o Patient seeking help for serious symptoms (chest pain, severe infection, acute psychiatric crisis) within ND office faces constrained options[3]

2. Diversion from Guideline-Based Pathways

- o Patients with undiagnosed diabetes may spend months on ND "metabolic balancing" protocols while A1C rises
- o Children with undiagnosed ADHD may spend years on ND behavioral protocols while untreated ADHD affects academic and social development
- o Patients with early cancer may delay staging and oncology referral while pursuing naturopathic "immune support"
- o Licensure normalizes ND as legitimate alternative path, increasing likelihood of diversion[3]

3. Locked-In Costs & Network Effects

- o Once patient has invested time and money in ND care, sunk costs make exit more difficult
- o ND network referrals to naturopathic massage, supplements, testing reinforce ecosystem
- o Patients without insurance may choose ND (no insurance required) over MD (insurance cost or high out-of-pocket), locking in constrained access
- o Licensure legitimacy increases this network effect—it seems like a "real system"[3]

CSF Impact on Mobility: While Snyder defines mobility as real options and meaningful exit, licensure creates *apparent* expansion (ND as option) coupled with *actual* constraint (ND cannot deliver full-spectrum care, early diversion from guideline-based pathways narrows effective option set)[1].

Solidarity: Collective Health Standards Eroded

How Chapter 373 Weakens Public Health Norms and Social Commitment to Evidence:

1. Vaccination Hesitancy

- o Licensed NDs in Connecticut marketing materials explicitly question vaccine safety, frame vaccines as toxin exposure, position "natural immunity" as superior
- o NDs positioned as independent diagnosticians can present vaccine-injury as plausible etiology for autism and neurodevelopmental conditions in routine pediatric encounters
- o State licensure lends credibility to anti-vaccine narratives
- o Result: Vaccine hesitancy, local declines in immunization, erosion of herd immunity protecting immunocompromised individuals[3]

2. Institutional Erosion & Regulatory Capture

- o Once ND licensure exists, profession has stable platform for lobbying scope expansions
- o Recent efforts in Connecticut to expand ND prescriptive authority leveraged existing licensure as evidence of readiness
- o Public health and medical organizations must continuously expend resources opposing expansions that pose substantial risk
- o This consumes attention from other public health priorities[3]

3. Resource Misallocation & Inequity

- o Naturopathic care is often out-of-pocket; vulnerable populations (low income, less health literacy, prior negative experiences with mainstream care) are targeted by natural medicine marketing
- o Patients with limited resources may forgo evidence-based care (medication, specialist consultation) to afford expensive unvalidated testing and supplements
- o Institutionalizing ND through licensure deepens inequity: advantaged patients can access both; disadvantaged must choose[3]

Concrete Example: Pediatric Asthma

One CT ND marketed "natural asthma management" emphasizing herbal remedies, elimination diets, and allergy management without steroids. Licensure created presumption of pediatric expertise.

Solidarity Harm:

- Children with uncontrolled asthma may experience exacerbation and hospitalization because families delayed/avoided inhaled corticosteroids and rescue inhalers
 - Public health systems bear cost of preventable asthma exacerbations in children diverted to naturopathic care[3]
-

III. HOW CONNECTICUT'S STATUTORY CHOICES REVEAL STATE VALUES & POSTURES

The question posed in this analysis asks: what does Connecticut's regulatory framework for naturopathic licensure reveal about state values, permissions, and postures?

The answer requires analyzing what the state **chose to permit, promote, protect, and platform** through its statutory choices.

A. PERMISSIONS: What Scope Does the State Grant?

What CT Grants (Chapter 373 §20-34, §20-37, PA 14-231):

NDs are legally authorized to:

- Diagnose disease
- Prevent disease
- Treat disease
- Order laboratory tests and diagnostic imaging
- Perform procedures using "mechanical and material sciences of healing"
- Use "naturopathic methods" undefined except by reference to CNME
- Maintain independent practices without mandatory referral relationships to MDs

Absent Guardrails:

- No requirement for specialty training in conditions listed (pediatrics, oncology, psychiatry, autoimmune disease)
- No mandatory risk disclosure for non-evidence-based modalities
- No requirement to halt practice of modality and refer if treatment is not working
- No integration with evidence-based specialists for complex cases
- No restriction on scope of conditions claimed treatable
- No requirement to distinguish evidence level for different modalities

What This Reveals About State Values:

The state has permitted a profession to operate with **broad diagnostic and treatment authority without tying scope to evidence-based competence**. This reveals a state value: *institutional legitimacy and professional autonomy take precedence over evidentiary alignment*[2][3].

B. PROMOTIONS: How Does the State Actively Advance Naturopathy?

Statutory Provisions That Promote ND Status:

1. Statutory Grounding in "Science"

- o Statute declares naturopathy "the science, art and practice of healing by natural methods"
- o This declaratory language grants scientific prestige without evidentiary verification
- o Comparable to saying "homeopathy is a science"—legislative assertion, not scientific fact

2. Parity Language

- o Law treats NDs as a licensed health profession comparable to acupuncturists, massage therapists
- o Yet acupuncture is practiced without meridian energy claims being endorsed; massage is not claimed as disease treatment
- o ND licensure bundles diverse practices (some evidence-supported, most not) under a single professional identity, which promotes a unified image

3. Insurance & CPT Code Recognition

- o Some insurance plans recognize NDs for reimbursement under medical CPT codes (99204-99215, office visit codes)
- o This recognition by payers—made possible by licensure—extends ND reach and legitimacy
- o State licensure does not cause insurance coverage, but creates legal foundation enabling it

4. Educational Pathway Validation

- o By recognizing CNME-accredited schools as qualifying for licensure, state implicitly validates CNME standards
- o CNME curriculum includes vitalism, homeopathy, energy medicine—these are institutionally endorsed through recognition[3]

What This Reveals About State Values:

The state actively **promotes naturopathy through legislative language asserting scientific validity and professional parity**, despite substantial evidence-base gaps. This reveals a state value: *professional credentialing and market legitimacy are prioritized over skeptical scrutiny of knowledge claims*[2].

C. PROTECTIONS: What Does the State Shield from Regulation?

What CT Statute Protects from Regulatory Scrutiny:

1. CNME-Defined Scope

- o Statute ties practice definition to "naturopathy as recognized by the Council on Naturopathic Medical Education"
- o This outsources regulatory discretion to a professional body, not to independent science review
- o Enables regulatory capture: if CNME updates curriculum to include new modality, that modality becomes state-authorized without independent review[3]

2. Broad "Natural Methods" Authority

- o Statute authorizes use of "natural substances" and "mechanical and material sciences of healing" without specificity
- o Enables any modality claiming to be "natural" or "mechanical" (homeopathy as "natural," massage as "mechanical," etc.)
- o Protects ND scope from scientific challenge if modality falls within broad categories

3. Title Protection Without Competence Verification

- o State protects use of title "Naturopathic Physician," "ND," etc.
- o Does not require demonstrated competence in specific conditions or modalities
- o Licensure bars unlicensed practice but does not mandate that licensed practice meet evidence standards[3]

4. Professional Regulatory Board

- o Complaints are adjudicated within naturopathic professional system, not by independent medical board
- o Creates potential for professional solidarity bias (protecting guild interests over consumer protection)
- o Reduces external accountability to evidence-based standards[3]

What This Reveals About State Values:

The state **shields naturopathy from the kind of external, evidence-based scrutiny** applied to other health professions through medical licensing boards. This reveals a state value: *professional self-regulation and autonomy are prioritized over external oversight and evidence accountability*[2].

D. PLATFORMING: Where Does the State Actively Present Naturopaths as Legitimate?

State-Facilitated Platforms for ND Legitimacy:

1. **Licensed Provider Directories**

- o State maintains or permits inclusion of licensed NDs on official healthcare provider listings
- o Citizens seeking healthcare assume listed providers meet state approval standards
- o This placement is a form of state platforming—implicit endorsement through proximity to other regulated health professions[3]

2. **Healthcare Facility Integration**

- o Some Connecticut hospitals have integrated naturopathic services based on ND licensure status
- o State licensure enables ND inclusion in hospital networks, credentialing committees, patient referral systems
- o Hospital association confers legitimacy far beyond ND's individual competence[3]

3. **Continuing Medical Education**

- o Some CME conferences and health systems include NDs as speakers alongside MDs/DOs
- o Licensure status enables platform access that would otherwise require individual competence vetting
- o CME association implies evidence-comparable expertise[3]

4. **Insurance Reimbursement**

- o While state licensure does not require insurance coverage, it enables it
- o Coverage by payers creates platform effect: patients see ND on insurance panels and assume evidence-based vetting
- o State licensure indirectly facilitates payer platforming[3]

What This Reveals About State Values:

The state **actively integrates licensed NDs into healthcare infrastructure** (hospital systems, provider directories, CME networks), thus platforming naturopathy as legitimate healthcare. This reveals a state value: *inclusive credentialism takes precedence over evidence-based standards for platform access*[1].

E. SYNTHESIS: CONNECTICUT'S REVEALED INSTITUTIONAL COMMITMENTS

Across permissions, promotions, protections, and platforming, Connecticut's statutory and regulatory choices reveal a consistent institutional stance:

Value Dimension	State Choice	Revealed Commitment
Epistemic Standards	Statutory declaration of naturopathy as "science" without independent evidentiary review	Scientific legitimacy granted through legislative fiat, not evidence verification
Professional Authority	Broad scope (diagnosis, treatment, independent lab ordering) without tied evidence requirements	Professional autonomy and title protection prioritized over evidentiary alignment with claimed competence
Consumer Protection	Licensure without mandatory informed consent disclosures or risk transparency	Consumer protection subordinate to professional credentialing
Institutional Accountability	Regulatory capture through CNME-reference and professional self-regulation	Professional guild interests prioritized over external evidence-based accountability
Public Health Integration	Active incorporation into hospital networks, insurance panels, CME	Institutional legitimacy granted through proximity and platform access rather than evidence review
Vulnerability & Equity	Permitting ND marketing to vulnerable populations (pediatric patients, chronically ill, desperate) without mandatory referral or co-management requirements	Allowing profitable targeting of vulnerable groups without structural protection

The Overarching Revealed Value: Connecticut has chosen to prioritize **institutional credentialing, professional autonomy, and marketplace expansion over epistemic rigor, evidence-based scope-of-practice limits, and consumer protection**[1][2].

This is not accident or oversight. It is a deliberate institutional posture that:

- Grants state legitimacy to pseudoscientific practice
- Protects naturopathic professional interests from evidence-based scrutiny
- Expands the naturopathic marketplace by conferring regulatory legitimacy
- Shifts responsibility for harm from state to individual "bad actor" NDs, while the law itself structurally enables harms[3]

PART THREE: QUANTIFIED HARM SEVERITY MATRIX

Severity, Likelihood, and CSF Dimensions for Legislative Testimony

The harms documented above can be quantified for use in legislative advocacy, rulemaking comment, or professional testimony.

Harm Category	CSF Freedom Dimension(s) Impacted	Severity (potential injury scale)	Likelihood (frequency in ND population)	Science Camouflage Index	Notes for Testimony
Homeopathy marketing without efficacy disclosure	Factuality, Sovereignty	High (treatment without efficacy delays real treatment)	High (homeopathy routine in naturopathic practices)	Very High (dilutions presented as medicinal)	Risk of delayed antibiotics, antivirals, cancer treatment
IgG food testing and elimination diets	Sovereignty, Mobility	Moderate (nutritional deficiency, opportunity cost)	High (common in analyzed CT ND practices)	High (marketed as diagnostic, lacks validity)	Affects vulnerable pediatric and autoimmune populations
Pediatric expertise without pediatric training	Unpredictability, Solidarity	Very High (developmental delay, preventable morbidity)	Moderate (some NDs specialize in pediatrics)	High (use of "primary care doctor" language)	Risk to children with autism, ADHD, asthma, infections
Thermography instead of mammography	Mobility, Factuality	Very High (delayed breast cancer detection)	Low (specific to few NDs)	Very High (false equivalency to mammography)	Contradicts UCSF, ACR guidance

Antivaccine narrative promotion	Solidarity, Factuality	Very High (community-level herd immunity risk)	Moderate to High (vaccine hesitancy explicit in some ND materials)	High (anti-vaccine claims in licensed provider context)	Population-level harm; immunocompromised individuals at risk
Financial exploitation via unvalidated testing	Sovereignty	High (financial burden, opportunity cost)	Very High (functional testing routine in CT ND practices)	High (expensive tests marketed as diagnostic)	Affects low-income families disproportionately
Detoxification claims and programs	Factuality, Sovereignty	Moderate to High (unnecessary costs, delay of real diagnosis)	High (detox ubiquitous in naturopathic marketing)	Very High (undefined "toxins," unproven mechanisms)	Exploits health anxiety
Treatment of serious conditions (cancer, autoimmune, infection) as primary ND responsibility	Unpredictability, Mobility	Very High (preventable morbidity/mortality)	Moderate (some NDs claim oncology, autoimmune specialties)	Very High (integrative naturopathic oncology parity with oncology)	Risk of substitution vs. guideline-based care
Informed consent degradation via title/credentialed inflation	Sovereignty	High (materially false epistemic conditions for consent)	Very High (universal in analyzed ND marketing)	Very High (use of "doctor," "physician" without MD equivalency disclaimers)	Affects all ND patients

PART FOUR: POLICY IMPLICATIONS & LEGISLATIVE RECOMMENDATIONS

Based on the CSF analysis and documented harms, policy options include:

Option A: Strict Evidential Scope Limitation (Preferred)

Change: Amend Chapter 373 to restrict ND scope to modalities with evidence-based support defined by medical consensus bodies (e.g., "treatments listed in current Cochrane reviews as having moderate or high evidence").

Effect:

- Eliminates homeopathy, energy medicine, most constitutional hydrotherapy
- Retains acupuncture (with neurophysiological mechanism, not meridian-based framing) Note: The practice of acupuncture may have limited evidence for certain indications when decoupled from meridian metaphysics, but current ND statutory authorization does not require or enforce that decoupling, and therefore still licenses pseudoscientific explanatory models.
- Requires evidence-by-indication (acupuncture for some pain, not for all diseases)
- Caps Science Camouflage Index by removing non-evidence modalities from statutory scope

Option B: Mandatory Informed Consent Disclosures

Change: Require NDs to provide written disclosure before treatment initiation:

- Evidence level for each modality (evidence-based, evidence-mixed, no evidence)
- Situations requiring MD/DO referral (acute symptoms, serious diagnoses, medication interactions)
- ND scope limitations vs. MD scope
- Risks of treatment delay

Effect: Restores informational basis for sovereignty; helps patients correct false presumptions of equivalency

Option C: Integrated Care Requirements

Change: Mandate that NDs maintain regular consultation relationships with MDs/DOs for pediatric cases, cancer patients, patients with autoimmune or infectious disease.

Effect: Reduces diversion from guideline-based care; improves unpredictability by anchoring complex cases in evidence-based co-management

Option D: Regulatory Capture Prevention

Change:

- Remove CNME from statute; substitute independent evidence-review body for scope definition
- Establish naturopathic regulation within medical board rather than separate board
- Require external (non-naturopath) members on any ND regulatory board

Effect: Reduces professional self-regulation bias; improves accountability to evidence standards rather than guild interests

Option E: Consumer Protection & Marketing Standards

Change: Establish regulations prohibiting:

- Use of "doctor" or "physician" without "naturopathic" modifier and training-level disclaimer
- Marketing unproven modalities for serious conditions without disclaimer
- Advertising specific disease cure or prevention claims without supporting evidence

Effect: Lowers Science Camouflage Index; restores factuality by clarifying ND scope and evidence limitations

PART FIVE: CONCLUSION - CONNECTICUT'S INSTITUTIONAL CHOICE

Connecticut's Chapter 373, as amended by PA 14-231, represents an **institutional choice to grant state legitimacy to pseudoscientific practice** while maintaining legal distance through credentialing language. The framework—ostensibly about professional standardization and consumer protection—has

instead created a platform for **epistemic conflation and systematic freedom erosion** across five dimensions identified by Snyder.

When analyzed through the **Cullen-Snyder Framework**:

1. **Epistemic Integrity is Degraded:** Science Camouflage Index elevated by statutory declaration of naturopathy as "science." Institutional Legitimacy Score artificially inflated through licensure without evidentiary alignment.
2. **Factuality is Compromised:** Patients cannot distinguish validated from non-validated therapies when all are delivered under state license and physician framing.
3. **Sovereignty is Corrupted:** Informed consent occurs under false epistemic premises. Patients believe they are exercising autonomous choice when making decisions based on misrepresented scope and evidence.
4. **Unpredictability Increases:** Treatment pathways and outcomes become contingent on ND variation rather than evidence-based protocols.
5. **Mobility is Constrained:** Apparent expansion of options (ND as choice) masks actual narrowing of real access to effective care through early diversion from guideline-based pathways.
6. **Solidarity is Eroded:** Public health norms (vaccination, evidence-based screening, guideline treatment) compete with state-legitimized alternative narratives. Vulnerable populations disproportionately harmed.

Connecticut's regulatory posture reveals an institutional commitment to **professional autonomy and marketplace legitimacy over evidential rigor, consumer protection, and public health**. This posture is sustained by:

- Outsourcing epistemic standards to professional bodies (CNME) rather than independent science review
- Protecting ND scope from external evidence-based scrutiny through broad, undefined modality categories
- Platforming NDs through hospital integration, insurance recognition, and healthcare infrastructure inclusion
- Shifting accountability from state-enabled harms to individual "bad actor" NDs

To restore epistemic integrity and freedom, Connecticut should either:

1. **Substantially restrict ND scope** to modalities with robust evidence (Option A), or
2. **Substantially increase consumer protections and referral requirements** to mitigate harms enabled by current broad scope (Options B-E)

The current framework prioritizes professional interests over public health and individual freedom. Regulatory reform should align institutional choices with

evidence-based medicine, informed consent principles, and genuine consumer protection.

REFERENCES

[1] Snyder, T. (2024). *On Freedom: History, Politics, Aspiration*. Crown.

[2] Cullen, R. (2025). Critical analysis of naturopathic practice: Epistemic conflation and institutional erosion. Unpublished manuscript.

[3] Compiled from: CT NDs Sci Eth Reports (2026), CT Practices CSF Reports (2026), and analyzed Connecticut-licensed naturopath marketing materials [anonymized]

Document Prepared: January 2026

Prepared By: CSF Analysis Group

Intended Use: Legislative testimony, regulatory rulemaking, policy advocacy, public health education